

**Department of Public Health and Social Services
Division of Environmental Health
Food Establishment Inspection Report**

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INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE	ESTABLISHMENT NAME
Regular			<u>0</u>	<u>06/04/2018</u>	<u>HOA MAI</u>
Follow-up	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		TIME IN <u>1:45 PM</u>	TIME OUT <u>2:50 PM</u>
Complaint			RATING	PERMIT HOLDER	
Investigation			<u>A</u>	<u>LE, MIMI</u>	
Other:				SANITARY PERMIT NO.	LOCATION (Address)
				<u>170002518</u>	<u>LOT 5047-1-5, MANHATTAN PLAZA</u>
ESTABLISHMENT TYPE			AREA	TELEPHONE	No. of Risk Factor/Intervention Violations
<u>RESTAURANT</u>			<u>3</u>	<u>649-9014</u>	<u>0</u>
				No. of Repeat Risk Factor/Intervention Violations	RISK CATEGORY
				<u>0</u>	<u>3</u>

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status			COS	R	PTS
Supervision					
1	<input checked="" type="radio"/> IN	OUT			6
Person in charge present, demonstrates knowledge, and performance duties					
Employee Health					
2	<input checked="" type="radio"/> IN	OUT			6
Management awareness; policy present					
3	<input checked="" type="radio"/> IN	OUT			6
Proper use of reporting, restriction & exclusion					
Good Hygienic Practices					
4	<input checked="" type="radio"/> IN	OUT	N/A	N/O	6
Proper eating, tasting, drinking, betelnut, or tobacco use					
5	<input checked="" type="radio"/> IN	OUT	N/A	N/O	6
No discharge from eyes, nose, and mouth					
Preventing Contamination by Hands					
6	<input checked="" type="radio"/> IN	OUT	N/A	N/O	6
Hands clean and properly washed					
7	<input checked="" type="radio"/> IN	OUT	N/A	N/O	6
No bare hand contact with ready-to-eat foods or approved alternate method properly followed					
8	<input checked="" type="radio"/> IN	OUT			6
Adequate handwashing facilities supplied & accessible					
Approved Source					
9	<input checked="" type="radio"/> IN	OUT			6
Food obtained from approved source					
10	<input checked="" type="radio"/> IN	OUT	N/A	N/O	6
Food received at proper temperature					
11	<input checked="" type="radio"/> IN	OUT			6
Food in good condition, safe, and unadulterated					
12	<input checked="" type="radio"/> IN	OUT	N/A	N/O	6
Required records available: shellstock tags, parasite destruction					
Protection from Contamination					
13	<input checked="" type="radio"/> IN	OUT	N/A		6
Food separated and protected					
14	<input checked="" type="radio"/> IN	OUT	N/A		6
Food contact surfaces: cleaned & sanitized					
15	<input checked="" type="radio"/> IN	OUT			6
Proper disposition of returned, previously served, reconditioned, and unsafe food					
Potentially Hazardous Food (TCS Food)					
16	<input checked="" type="radio"/> IN	OUT	N/A	N/O	6
Proper cooking time and temperatures					
17	<input checked="" type="radio"/> IN	OUT	N/A	N/O	6
Proper reheating procedures for hot holding					
18	<input checked="" type="radio"/> IN	OUT	N/A	N/O	6
Proper cooling time and temperature					
19	<input checked="" type="radio"/> IN	OUT	N/A	N/O	6
Proper hot holding temperatures					
20	<input checked="" type="radio"/> IN	OUT	N/A		6
Proper cold holding temperatures					
21	<input checked="" type="radio"/> IN	OUT	N/A	N/O	6
Proper date marking and disposition					
Consumer Advisory					
22	<input checked="" type="radio"/> IN	OUT	N/A		6
Consumer Advisory provided for raw or undercooked foods					
Highly Susceptible Populations					
23	<input checked="" type="radio"/> IN	OUT	N/A		6
Pasteurized Foods used; prohibited foods not offered					
Chemical					
24	<input checked="" type="radio"/> IN	OUT	N/A		6
Food additives: approved and properly used					
25	<input checked="" type="radio"/> IN	OUT			6
Toxic substances properly identified, stored, used					
Conformance with Approved Procedures					
26	<input checked="" type="radio"/> IN	OUT	N/A		6
Compliance with variance, specialized process, and HACCP plan					

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box: If numbered item is not in compliance and/or if COS and/or R. COS =Corrected on-site during inspection R =Repeat violation PTS =Demerit points

Compliance Status			COS	R	PTS
Safe Food and Water					
27	<input checked="" type="radio"/> IN				1
Pasteurized eggs used where required					
28	<input checked="" type="radio"/> IN				2
Water and ice from approved source					
29	<input checked="" type="radio"/> IN				1
Variance obtained for specialized processing methods					
Food Temperature Control					
30	<input checked="" type="radio"/> IN				1
Proper cooling methods used; adequate equipment for temperature control					
31	<input checked="" type="radio"/> IN				1
Plant food properly cooked for hot holding					
32	<input checked="" type="radio"/> IN				1
Approved thawing methods used					
33	<input checked="" type="radio"/> IN				1
Thermometer provided and accurate					
Food Identification					
34	<input checked="" type="radio"/> IN				1
Food properly labeled; original container					
Prevention of Food Contamination					
35	<input checked="" type="radio"/> IN				2
Insects, rodents, and animals not present					
36	<input checked="" type="radio"/> IN				1
Contamination prevented during food preparation, storage & display					
37	<input checked="" type="radio"/> IN				1
Personal cleanliness					
38	<input checked="" type="radio"/> IN				1
Wiping cloths: properly used and stored					
39	<input checked="" type="radio"/> IN				1
Washing fruits and vegetables					
Proper Use of Utensils					
40	<input checked="" type="radio"/> IN				1
In-use utensils: properly stored					
41	<input checked="" type="radio"/> IN				1
Utensils, equipment and linens: properly stored, dried, handled					
42	<input checked="" type="radio"/> IN				1
Single-use/single-service articles: properly stored, used					
43	<input checked="" type="radio"/> IN				1
Gloves used properly					
Utensils, Equipment and Vending					
44	<input checked="" type="radio"/> IN				1
Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used					
45	<input checked="" type="radio"/> IN				1
Warewashing facilities: installed, maintained, used; test strips					
46	<input checked="" type="radio"/> IN				1
Nonfood-contact surfaces clean					
Physical Facilities					
47	<input checked="" type="radio"/> IN				2
Hot & cold water available, adequate pressure					
48	<input checked="" type="radio"/> IN				2
Plumbing installed; proper backflow devices					
49	<input checked="" type="radio"/> IN				2
Sewage and wastewater properly disposed					
50	<input checked="" type="radio"/> IN				2
Toilet facilities: properly constructed, supplied, & cleaned					
51	<input checked="" type="radio"/> IN				2
Garbage/refuse properly disposed; facilities maintained					
52	<input checked="" type="radio"/> IN				1
Physical facilities installed, maintained, and clean					
53	<input checked="" type="radio"/> IN				1
Adequate ventilation and lighting; designated areas use					

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

Person in Charge (Print and Sign)	Date:
<u>FRANCINE GAMBRO</u>	<u>6/4/18</u>
DEH Inspector (Print and Sign)	Follow-up (Circle one): YES <input checked="" type="radio"/> NO <input type="radio"/> N/A <input type="radio"/>
<u>K. DEL MUNDO</u>	

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ESTABLISHMENT NAME HOA MAI		LOCATION (Address) LOT 5047-1-5; MANHATTAN PLAZA
INSPECTION DATE 06 / 04 / 2018	SANITARY PERMIT NO. 170002518	PERMIT HOLDER LE, MIMI

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

	A FOLLOW-UP INSPECTION WAS CONDUCTED IN RESPONSE TO A RE-INSPECTION REQUEST SUBMITTED BY THE ESTABLISHMENT FOR THE INSPECTION CONDUCTED ON 05/08/18, WHICH RESULTED IN A T/D.	
	THE FOLLOWING VIOLATIONS WERE CORRECTED: #1, 2, 6, 8, 13, 14, 20, 21, 22, 32, 33, 34, 35, 36, 37, 38, 41, 44, 45, 46, 49, 50, 51, AND 52	
	OUTER OPENINGS AROUND FRONT AND BACK EXIT DOORS WERE TEMPORARY SEALED WITH A RUBBER SEAL UNTIL A PERMANENT, TIGHT-FITTING SEAL FROM THE MANUFACTURER IS INSTALLED.	
	OUTSIDE TRASH RECEPTACLE KEPT CLOSED, AND A NEW BAR WAS INSTALLED TO ENSURE LID IS TIGHT-FITTING. A NEW TRASH BIN HAS BEEN ORDERED FOR THE ESTABLISHMENT, WHICH WILL BE DELIVERED ON 06/05/18 06/05/18.	
	NO COCKROACH ACTIVITY OBSERVED DURING THE TIME OF INSPECTION. INFORMED MANAGER TO WORK WITH THEIR PEST CONTROL COMPANY AND CONTINUE MONITORING AND TREATMENT FOR AN ADDITIONAL SEVEN DAYS TO ENSURE ANY UNHATCHED OOTHECAE (EGG CASINGS) ARE ADDRESSED. ALSO INFORMED MANAGER TO FOLLOW CLEANING SCHEDULE THAT WAS APPROVED AND PROTECT FOOD-CONTACT SURFACES AND EQUIPMENT.	
	REMOVED "D" PLACARD NO. 00921 AND NOTICE OF CLOSURE ISSUED "A" PLACARD NO. 01265 AND POSTED ON FRONT EXIT DOOR ISSUED HRE CLOSURE SANITARY PERMIT PAYMENT ROUTING SLIP, PROVIDED GUIDANCE ON WHERE TO PAY, AND INFORMED MANAGER PAYMENT MUST BE RECEIVED PRIOR TO RE-STATEMENT OF SANITARY PERMIT.	
	BRIEFED MANAGER, FRANCINE GAMBOA, ON ABOVE.	

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in further regulatory actions. If seeking to appeal the result of this inspection, a written request for hearing must be submitted to the Director before the indicated correction date.

Person in Charge (Print and Sign) FRANCINE GAMBOA 	Date: 6/4/18
DEH Inspector (Print and Sign) R DELMUNDO 	Date: 06/04/2018